

PERMITTEE NAME/ADDRESS:  
NAME: ANCHORAGE, MUNICIPALITY OF  
ADDRESS: 3000 ARCTIC BLVD.  
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551  
PERMIT NUMBER

001 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 02)  
F - FINAL

Form Approved  
OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF---301 (H)  
LOCATION: ANCHORAGE, AK 99502  
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD

FROM 06 | 01 | 01 TO 06 | 01 | 31

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.8	(04)	N/A	FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	12.3	(04)	N/A	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) 000300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	1.3	*****	*****	(19)	N/A	FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 000310 G 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	44931	*****	(26)	*****	199	*****	(19)	N/A	FOUR/ WEEK <sup>1)</sup>	COMP24
BOD, 5-DAY (20 DEG. C) 000310 W 0 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	32666	(26)	*****	*****	143	(19)	0	FOUR/ WEEK <sup>1)</sup>	COMP24
BOD, 5-DAY (20 DEG. C) 000310 1 0 0	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	29876	31813	(26)	*****	132	139	(19)	0	FOUR/ WEEK <sup>1)</sup>	COMP24
PH	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	7.8	(12)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER  
J. Kris Warren  
Director, Treatment Division  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE  
DATE  
(907)564-2799  
06/02/09  
AREA CODE NUMBER  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
1) Two BOD tests for the week of 1/22/06 were invalid due to DO meter malfunction. 2) The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples are therefore slightly less than a 24HC on these days.

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MAJOR  
(SUBR 02)  
F - FINAL

FACILITY: JOHN M. ASPLUND WWTF---301 (H)  
LOCATION: ANCHORAGE, AK 99502  
ATTN: MARK PREMO P.E. GEN MGR. AWWWU

MONITORING PERIOD

FROM 06 | 01 | 01 TO 06 | 01 | 31

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.3	(12)	0	FOUR/WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/WEEK	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	47585	*****	(26)	*****	211	*****	(19)	N/A	FOUR/WEEK	COMP24
00530 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/WEEK	COMP24
RAW SEW/INFLUENT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	15320	(26)	*****	*****	67	(19)	0	FOUR/WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11765	12664	(26)	*****	52	55	(19)	0	FOUR/WEEK	COMP24
00530 1 0 0	PERMIT REQUIREMENT	57000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/WEEK	COMP24
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	*****	18.2	*****	(19)	N/A	ONCE/MONTH	COMP24
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE											
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	****	*****	39	*****	(30)	0	THREE/WEEK <sup>1)</sup>	GRAB
31615 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****	MPN/100ML		THREE/WEEK	GRAB
EFFLUENT GROSS VALUE											
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	27.153	*****	*****	*****	*****	*****	****	N/A	CONTINUOUS	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	*****	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE											

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J. Kris Warren Director, Treatment Division		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND VERIFIED THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED				(907)564-2799	06/02/09
				AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
1) Fecal coliform test on 1/19/06 invalid due to lab error. An extra test was run the following week to compensate.

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CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.7	(19)	0	EVERY 3 HRS	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	34	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	75	*****	*****	(23)	N/A	ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER-CENT	N/A	ONCE/MONTH	CALCTD

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Forms by WindowChem(707)864-0845;p/n11090;v5.01;4/1/96. Rev. 1/05, BN